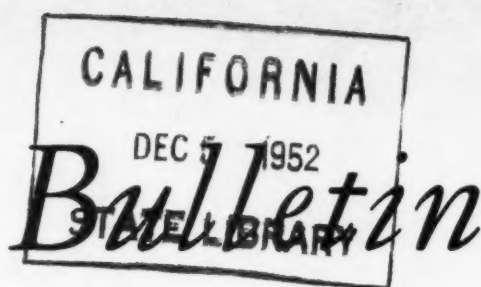


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on Current Literature

The monthly bibliography for
workers with the handicapped

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The NATIONAL SOCIETY
for CRIPPLED CHILDREN *and Adults, Inc.*
111 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY

HELP CRIPPLED CHILDREN



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952

AMERICAN ACADEMY FOR CEREBRAL PALSY--PROCEEDINGS

893. Quarterly Rev. Pediatrics. Feb., May, Aug. 1952. 7:1, 2, & 3.

Cerebral palsy symposium, Parts I, II, and III. Reprint.

Proceedings of the American Academy for Cerebral Palsy, annual meeting, November 16-17, 1951, Boston, Massachusetts.

Contents: The cerebral palsy problem in 1951, Bronson Crothers. - Physiology of motor learning, F. A. Hellebrandt. - Gait analysis of the hemiplegic patient: force plate and stroboscopic studies, Morton Marks. - The treatment of cerebral palsy in England and Europe, J. F. Pohl. - Cerebral palsy nursery schools, William Berenberg, Randolph Byers, and Edith Meyers. - The role of the convalescent institution, Jessie Wright. - Diastematomyelia, Franc D. Ingraham. - Ablation of abnormal cortex in cerebral palsy, Wilder Penfield. - Kernicterus: clinical residuals and prevention, Louis K. Diamond. - Quantitative aspects of the neurological examination as a means of evaluating improvement in chronic disease of the nervous system, Leo Alexander. - Cerebral palsy and the embryology of infant behavior; a visualization of the growth of the action system, Arnold Gesell. - Surgery of the upper extremity in spastic paralysis, William Cooper.

Available as a reprint from the National Society for Crippled Children and Adults at \$1.10 a copy.

AMPUTATION

See 968.

APHASIA

894. Sugar, Oscar

Congenital aphasia: an anatomical and physiological approach. J. Speech and Hearing Disorders. Sept., 1952. 17:3:301-304. Reprint.

In children an entire cerebral hemisphere can be removed and cause no aphasic disturbance. "...In order to have congenital aphasia, then one must postulate damage to the speech areas in both hemispheres in children.... 'Congenital aphasia' should refer to disability in speech in children who are intellectually and physically capable of speaking. In the sense of aphasia as it occurs in adults, this implies loss of a learned function. This type of aphasia does not occur permanently in children and certainly could not be said to occur as a congenital phenomenon. ... 'delayed or failure of development of speech'... gives a more accurate description of this disability...."

BRAIN INJURIES

895. Timme, Arthur R.

What has neurology to offer child guidance? Neurology. Sept.-Oct., 1952. 2:5:435-440.

Many of the milder forms of behavior problems go unrecognized until the child's conduct brings him into conflict with his environment. Neural damage causes a child to become hyperkinetic, irritable, distractable, uncontrolled and aggressive. The origin of many such problems lies in the childhood infectious diseases.

CEREBRAL PALSY

896. Baker, A. B.

Rehabilitation of the neurologically disabled child. Neurology. Sept. -Oct., 1952. 2:5:441-445.

A "treatment review" of neurological disability in children, this article defines the three primary divisions in a neurologic training program: evaluation of the patient, establishment of a treatment goal, and the treatment program itself. Without going into a detailed discussion of the various treatment procedures, some of the basic treatment principles are outlined. Guides are suggested for ambulation, self-care, and speech.

See also 923;893.

CEREBRAL PALSY --DIAGNOSIS

897. Prentice, H. R.

Three cases of cerebral palsy; electroencephalographic and pathologic correlation, by H. R. Prentice, H. Sidney Heersma, and John M. Hammer. J. Michigan State Med. Soc. Aug., 1952. 51:8: 990-999, 1003.

This article is a detailed report of three case histories, each presenting a clinical picture suggestive of cerebral palsy but each having a different underlying pathologic change. One was a case of spasticity based on maldevelopment; one, a case of cerebral palsy due to subdural hematoma at the time of birth; and the third, an instance of a familial disease of the brain producing the clinical picture of cerebral palsy.

CEREBRAL PALSY --EQUIPMENT

898. Sainsbury, G. O.

A walking machine for a spastic child. Physiotherapy. Sept., 1952. 38:9:165.

Description of a walking aid for cerebral palsied children who are unable to use an ordinary walker. Manufactured by the London Surgical Boot Company, London, England, the apparatus consists of a laced leather corselet to which can be attached a handle for the parents to use in holding the child upright. Arm rests projecting in front give the child a sense of support. For the less handicapped child, uprights attached to the apparatus and which have small wheels or castors will allow the use of the walker without the help of an operator.

CEREBRAL PALSY --ETIOLOGY

899. Deaver, George G.

Etiologic factors in cerebral palsy. Bul. New York Acad. of Med. Aug., 1952, 2d series. 28:8:532-536. Reprint.

In the infant and very young child, cerebral palsy is difficult to diagnose; it is hoped that indications for suspecting brain damage may be discovered through obtaining careful family histories in cerebral palsy clinics for children. Developmental history often indicates brain pathology; through use of developmental maturity scales failure of the child to follow the pattern of maturity is discovered and is often a significant sign of central nervous system impairment. The author

CEREBRAL PALSY--ETIOLOGY (continued)

discusses prenatal, natal, and postnatal causes of the disease. Control of predisposing factors, prenatal, and natal causes can reduce the number of cerebral palsy births, now one in every two hundred live births.

CEREBRAL PALSY--MEDICAL TREATMENT

900. Sobani, Zulaikha

Physical treatment of cerebral palsy. Indian J. Child Health. July, 1952. 1:7:341-346.

A treatment plan is discussed with emphasis on the selection of cases for treatment, the importance of keeping meticulous records of each case, the establishment of kinesthetic sense in young infants, and the disabilities associated with spastic, ataxic, and athetoid types of the disorder. In using equipment for training, the writer cautions against the introduction of expensive gadgets and the indiscreet use of such aids as strollers, parallel bars, walkers, and tripod canes which might foster undesirable habit patterns and encourage deformities. Recreation for the cerebral palsied child is important for its socializing value and as an aid in personality development. The objectives of a cerebral palsy treatment program are twofold: 1) to establish normal patterns of life such as walking, talking, and personal independence, and 2) vocational independence.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

901. Dolphin, Jane E.

Tactual motor perception of children with cerebral palsy, by Jane E. Dolphin and William M. Cruickshank. J. Personality. June, 1952. 20:4:466-471. Reprint.

A report of the administration of a tactual motor test to 30 normal and 30 cerebral palsied children. "It was evident from the statistical and observational data that the cerebral palsy children were not as adept as the normal children in differentiating the figure from the background. Evidence also was presented that the normal children were more successful than the cerebral palsy children in distinguishing the figure freed from the background interference. The difference in the responses of the two groups in differentiating figure from background was much greater when highly structured background was present than when the background interference was structurally insignificant. This finding is consistent with the other findings by these writers. Two clinical differences between the two groups, meticulousness, and forced responsiveness to stimuli, were shown in the drawings that were made by the experimental group."--Summary.

902. Haeussermann, Else

Evaluating the developmental level of cerebral palsy preschool children. J. Genetic Psychology. 1952. 80:3:23. Reprint.

"The reasons for trying to find special tests for cerebral palsied children are described. The requirements these special tests should fulfill are described. Some Test Items used experimentally are described and their origin explained. The presentation of the Items is described. The pragmatical use of the Items is described and the fact that they are not yet standardized.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS (continued)

"The areas explored by the use of the Items are enumerated. The specific problems found in testing cerebral palsied children, independent of those caused by the motor handicap, are enumerated. The problems in detecting unsuspected sensory involvement in motor handicapped children are described.

"Ten specific problems met with in testing cerebral palsied children and the approaches used in dealing with them are described. "--Summary.

903. Holden, Raymond H.

A review of psychological studies in cerebral palsy: 1947 to 1952. Am. J. Mental Deficiency. July, 1952. 57:1:92-99.

"Psychological investigation of cerebral palsy during the past five years has been briefly reviewed, and a marked trend towards an increasing number of articles was noted. Although the number of studies published has been extremely meager, most attention has been devoted to the problem of intellectual evaluation. Several recent studies have indicated an incidence of mental deficiency of from 45 to 50% in cerebral palsied children, even when flexible test procedures were utilized. The areas of personality evaluation, parent-child relations, and basic psychological research have not as yet been systematically investigated either clinically or experimentally. The absence of a clearly verbalized theoretical framework is postulated as one of the limiting factors to research in this area. It is suggested that in future studies athetoids and spastics should be treated separately, to test whether or not there are significant basic psychological differences between the two types of cerebral palsy. "--Summary.

CEREBRAL PALSY--SPEECH CORRECTION

904. Hyman, Melvin

An experimental study of sound pressure level and duration in speech of cerebral palsied children. J. Speech and Hearing Disorders. Sept., 1952. 17:3:295-300. Reprint.

A study to measure and compare the sound pressure and duration of speech of children when repeating heard oral stimuli. A group of thirty-two children composed of spastics with and without speech defects, athetoids with speech defects, and non-palsied children without speech defects participated in the study. The plan was factorial, each child hearing short phrases at 16 intensity-duration conditions through ear phones. Sound pressure and duration of repetitions were recorded on a power level recorder and obtained values were treated by analysis of variants. Results indicated differences within the cerebral palsied groups. Athetoids and normal children responded to variations in sound pressure and duration of stimuli, and athetoids had slow rates of talking. Both groups of spastic children were found to be unresponsive and soft in vocal sound pressure level but responded to variation in duration of stimuli.

CHILDREN'S HOSPITALS

See 969.

CHILDREN'S LITERATURE--BIBLIOGRAPHY

905. U. S. Children's Bureau

The children's bookshelf; a booklist for parents. Washington, D. C., The Bureau, 1952. 56 p. illus. (Publication no. 304)

"... This list makes no pretense of doing more than putting down the names of a few good books of each kind, grouped into classes with reference to children's interests and to their varying levels of development. ... Many of these books are very inexpensive, although they were not chosen for this reason. ... (they) are books that children will enjoy and profit by. ... " Includes sections on all types of reading from Mother Goose and picture books through those intended for early adolescence. Special groupings suggest books for use with convalescent children, reference reading for parents, for beginning readers, and for reading aloud. A title index and list of publishers conclude the pamphlet.

Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

CHRONIC DISEASE

906. Miller, John H.

The growing problem of chronic disease among the aged. J. Am. Med. Assn. Sept. 20, 1952. 150:3:203-207.

Statistical tables and data contained in this article point up the ever growing incidence, frequency and duration of disabling illness in the older age group, and suggest the future need of substantially increased hospital facilities for the aged who are chronically ill. Research projects, however, in the field of preventive medicine can reduce the size of the problem in the future.

907. Smigel, Joseph O.

Rehabilitation of the aged chronic invalid. J. Med. Soc. New Jersey. April, 1952. 49:143. 4 p. Reprint.

The writer, who is Medical Director, Pinehaven Sanitarium, Pinewald, New Jersey, describes rehabilitation work with the aged chronic invalid as experienced in this institution. For the purposes of this paper, only those patients found potentially capable of active intensive treatment by the use of physical medicine and eventually discharged are considered. Factors most instrumental in bringing about successful rehabilitation are described and five case histories presented.

CHRONIC DISEASES--PROGRAMS

908. Merrill, A. P.

A plan of action in the campaign against chronic disease. Modern Hosp. Sept., 1952. 79:3:100-106.

Pointing out the need for more adequate medical care for the chronic or aged sick person, the writer makes certain recommendations for community organization and action in attacking the problem. Methods of medical and hospital care are involved in finding a solution to better services as are economic policies, functions of federal, state and local governments, and participation of voluntary health and welfare agencies.

CLEFT PALATE

909. Ivy, Robert H.

Modern concept of cleft lip and cleft palate management. Plastic and Reconstructive Surgery. Feb., 1952. 9:2:121-129. Reprint.

"In this paper, the question of cleft lip and cleft palate is discussed, not so much from the standpoint of technical details of treatment, but as a total rehabilitation problem, involving various fields of endeavor...."

The individual with cleft lip and cleft palate should be recognized as deserving aid because of the crippling nature of the disability, the writer feels. He describes the extent of the problem in Pennsylvania and uses the state program of surgical care and hospitalization, provided since 1940, to show what can be accomplished in rehabilitating these patients. "... The organization of group clinics, with all interested specialties represented, is an endeavor to make useful citizens of a class of individuals that has been sadly neglected in the past...." In conclusion, some general considerations of cleft lip and cleft palate management are discussed.

DEAF-BLIND--FICTION

See 970.

DISEASE--STATISTICS

910. Woolsey, Theodore D.

Estimates of disabling illness prevalence in the United States. Washington, D. C., U. S. Public Health Service, 1952. 20 p. tables. (Public Health Monograph no. 4. Public Health Service Publication no. 181)

Statistical data concerning disabling illness prevalence and based on the current population survey of February, 1949, and September, 1950, are presented. "... The surveys covered the civilian population of the United States in the age span of 14 to 64 years, exclusive of persons in resident institutions.... The duration of the disability prior to the survey was determined, but data on cause of disability were not obtained.... Tables are presented showing the prevalence of disabling illness and conditions by age, sex, race, marital status for females, urban or rural residence, employment status, and duration...."--Summary.

Included in the appendix are: a description of the schedule of questions on disabling illness used by the interviewers in the 25,000 households visited in each survey, an explanation of the concepts of disabling illness as employed in the surveys, and a brief account of the coverage of the Census Bureau's sample and the other items included on the schedule...."

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 15¢ a copy.

EMPLOYMENT

911. U. S. Office of Vocational Rehabilitation

The handicapped in defense; employment of physically handicapped persons at Hill Air Force Base, Utah. Washington, D. C., The Office, 1952. n.p. illus.

EMPLOYMENT (continued)

Twelve hundred civilian employees at Hill Air Force Base, Utah, are proving to themselves and the United States Air Force that they are not "job handicapped" although they have physical handicaps. This pamphlet, illustrated with many photographs of the handicapped at work in all departments of the Base, stresses the importance of the physically handicapped to the defense program.

Originally prepared by the Hill Air Force Base Civilian Office and the Utah State Rehabilitation Division and reprinted for distribution by the U. S. Office of Vocational Rehabilitation, Washington 25, D. C.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

912. Employment Security Rev. Sept., 1952. 19:9.

Contents: Teamwork and action at community level, Arthur W. Motley. -The community approach to disability and employment, Mary E. Switzer. -Disabled veterans: a community responsibility, Perry Faulkner. -Seven years of gaining, Sidney Feldman. -On the march for the handicapped, John B. Kelly. -Handicapped placement program, Warren B. Robeson. -A service for discharges, Isa P. Bushouse.

ENDOCRINE DISORDERS

913. Jackson, W. P. U.

Studies of adult cretins. S. African Med. J. July 26, Aug. 2 and 9, 1952. 26:30, 31, and 32. 3pts.

In Part I and II, "...an attempt is made to present certain features of sporadic cretinism in adult life and to suggest that there is a tendency towards normality with age in those who survive. This is manifested in certain physical characters, the temperature, pulse rate, blood, sexual development and possibly even circulation rate and glucose tolerance. There is a marked tendency to atheroma and arterial calcification, not infrequently complicated by hypertension. Radiological abnormalities are considered and it is suggested that the pelvis may show most irregularities in the older cretin."--Summary.

Part I is a description of two untreated adult cretins; their condition was the result of congenital myxoedema in which there is foetal thyroid atrophy with no family history of thyroid diseases. Part III presents a doubtful case, a mentally defective adult dwarf with the bulk of evidence pointing to a diagnosis of atypical cretinism.

EPILEPSY

914. Hakenen, C. Arthur

The medical and case work approach to epilepsy. J. Michigan State Med. Soc. Aug., 1952. 51:8:1021-1023.

A discussion of the rehabilitation aspects of epilepsy---what the epileptic himself, his family, and his physician, all aided by the social case worker, can do toward successful rehabilitation. Diagnosis and treatment are discussed briefly, and the function of the case worker, in particular, is outlined. The writer is district supervisor for the Office of Vocational Rehabilitation, Saginaw, Michigan.

EPILEPSY--MEDICAL TREATMENT

915. Loscalzo, Anthony E.

Mesantoin in the control of epilepsy. Neurology. Sept.-Oct., 1952 2:5:403-411.

EPILEPSY--MEDICAL TREATMENT (continued)

From a review of the literature on the effects of Mesantoin therapy in controlling epilepsy, it was concluded that sensitive individuals can react severely to the drug. A program is outlined which will be helpful in keeping side effects at a minimum. In this study a group of 224 clinic and private patients were treated over a period ranging from one to seven years at the Clinic for Convulsive Disorders, St. Clare's Hospital, New York City. Side effects from the drug are reported; a 50 per cent reduction in expected grand mal seizures was obtained as compared to previous medication. Dosage procedures are described. "... When properly administered, Mesantoin is an effective and safe drug for the control of grand mal epilepsy in view of the results obtained in this seven year clinical study."--Summary.

GIFTED CHILDREN

See 971.

HANDICAPPED--EQUIPMENT

916. New York. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation.

Self-help devices for rehabilitation. New York, The Institute(1952). n.p. illus. (Part 5) Mimeo.

This fifth booklet in the series published by the Institute of Physical Medicine and Rehabilitation presents a number of objects of a general nature, including some special clothing. Objects are illustrated, source and cost indicated, and a brief description with purpose and use for which it was intended given.

Distributed by the Institute of Physical Medicine and Rehabilitation, 400 East 34th St., New York 16, N. Y.

HEARING

See 972.

HEART DISEASE--EMPLOYMENT

917. Hochhauser, Edward

The role of the social agency in a rehabilitation program for the cardiac patient. Am. Heart J. May, 1952. 43:5:743-748. Reprint.

The Altro Health and Rehabilitation Services, Inc., of New York City, through their Workshop, extended their clientele to include a group of cardiac patients. This article by the Executive Director of the Services is a brief account of the first three years of the project. Many concepts and attitudes towards heart disease were the same as those towards tuberculosis when the Altro Work Shops were organized in 1913. The approach to the rehabilitation program is on a family basis, rather than on the individual patient basis. Medical, social, psychiatric and economic care of the patient and his family are all a part of the service. There is still, however, no objective test of the working capacity of the cardiac patient, and the cardiac often has more difficulty in securing employment than the tuberculous patient with an arrested case. The risks of employing the cardiac should be shared; the community, the employer, the insurance company and the patient all have an interest in the problem.

HEART DISEASE--STATISTICS

918. Shearer, Margery C.

Prevalence of heart disease in university students, by Margery C. Shearer, Stella H. Sikkema, and Lawrence W. Holden. Am. J. Public Health. Sept., 1952. 42:9:1103-1110.

The report of a cardiac survey conducted on 3,645 students entering the University of Colorado in September of 1947 and 1948. Its purpose was to collect data on the incidence of previous rheumatic fever, rheumatic heart disease, and physiologic murmurs in young adults of college age for comparison with the relative incidence of rheumatic infection in residents and non-residents of Colorado. A brief review of the literature of others studying incidence statistics of young adults is given. Methods employed were the taking of special cardiac history and physical examination, employing further clinical study, cardiac fluroscopy and electrocardiography where appropriate.

HIP--DISLOCATION

919. Brewer, Bruce J.

Congenital dislocation of the hip; new concepts in early diagnosis and treatment in infancy. Wisconsin Med. J. Sept., 1952. 51:9:869-873.

The writer reviews the present concept of the development of the hip joint and recommends early diagnosis of congenital deformities before fixed changes occur which will complicate treatment. Two case histories, with illustrations, are reviewed briefly.

HOME ECONOMICS

920. Wilson, Anna May

A kitchen for the "take it easy" cook. Today's Health. Oct., 1952. 30:10:44-46, 54.

An illustrated article showing the floor plan and many work simplification ideas used in a kitchen designed for the Heart of the Home Committee of the Chicago Heart Association. Ideal for the heart patient, it is also a boon to anyone who wishes to "take it easy" while cooking.

HOSPITAL SCHOOLS--MASSACHUSETTS

921. Rudd, J. L.

The total approach in educating our physically handicapped youth. J. Assn. Physical and Mental Rehab. Sept.-Oct., 1952. 6:1:10-12.

The Massachusetts Hospital School for Crippled Children, Canton, furnishes complete facilities for orthopedic surgery, home and convalescent care and total education which includes "...daily living, daily learning, and daily working...." In a survey to follow-up graduates of the school, of the 100 replying 91% had been employed at one time or another after leaving the school and 85% were actually employed at the time of the survey. Each student receives educational and vocational counseling not only by school officials but by representatives of the State Division of Vocational Rehabilitation.

HOSPITAL--FINANCE

922. American Hospital Association

Fund-raising manual for hospitals. Chicago, The Assn. (c1952). 24 p. (M20--1952)

HOSPITALS--FINANCE (continued)

This pamphlet outlines the basis on which a sound building program is conceived and the methods for financing it through voluntary contributions from community sources. "... Many of the methods described also apply to fund campaigns for operating deficits.... A number of fund raising movements, both capital and operating, have been studied and suggestions for both general and specific procedures have been gathered together here. From this wide selection of fund-raising techniques and examples may be chosen those best suited to a particular campaign." --Introduction. In conclusion are given a number of aids available from the Association for the hospital planning a fund-raising campaign, as well as a list of fund-raising organizations which will, on request, furnish detailed information on programs.

Available from the American Hospital Association, 18 E. Division St., Chicago 10, Ill., at \$1.00 a copy.

LATERALITY

923. Obholzer, A.

Should a hemiplegic arm be treated? Infantile cerebral palsy and speech disorders. S. African Med. J. Aug. 9, 1952. 26:32:653-654. Reprint.

"The effect of a shift of handedness on speech, etc. --independently from cerebral palsy- is shown.... much of the former concern regarding a shift of handedness, in children of school going age, has disappeared. It is, moreover, considered that, as a rule, all children should be taught to write with the right hand, unless signs of nervous strain develop.

"Concerning shift of handedness with hemiplegic children, various views of leading cerepalsists as well as logopedicians are given. Ascertaining hand dominance early in training seems important in order to avoid disorders of speech, etc. Usually the non-affected hand will be made dominant but the affected hand should also be treated to become an assisting hand. This should be done with certain precautions. The role heredity plays in the shift of handedness is discussed." --Summary.

LEG

924. Sant, M. V.

A limp in a child. Indian J. Child Health. Aug., 1952. 1:8:401-406.

Five classifications of limps and their differential diagnosis are discussed and the author notes there are many additional types than those mentioned. No attempt has been made to deal with all the traumatic, infective, neoplastic affections to which the hip joint is prone. This discussion is for the aid of the general practitioner who must arrive at a reasonably correct diagnosis with the help of clinical observations alone, since ancillary aids, like radiograms, are not always available in rural areas.

MENTAL DEFECTIVES

925. American Academy of Pediatrics

Round table discussion: The problem of mental deficiency in children. Pediatrics. Aug., 1952. 10:2:223-230.

MENTAL DEFECTIVES (continued)

Participants in discussion: Herman Yannet, M. D., chairman; M. A. Perlstein, M. D., and Albert J. Sheldon, M. D., secretaries.

In this discussion etiologic classification of mental deficiency, genetic factors responsible for deficiency, natal and postnatal factors, and treatment of mental deficiency by organic methods and social and educational procedures are considered. In the management of mentally defective individuals, sterilization has great value in the social sphere; prevention of parenthood in the defective is advocated because the defective as a rule makes a poor parent regardless of the mental status of the child. Often pregnancy adversely affects the social adjustment of the defective in the community, necessitating institutionalization.

MENTAL DEFECTIVES--EMPLOYMENT

926. O'Brien, Margaret, W.

A vocational study of a group of institutionalized persons. Am. J. Mental Deficiency. July, 1952. 57:1:56-62.

This paper is a pilot vocational study of a group of persons released from two State Hospitals for mental defectives under the family-care program supervised by the Department of Public Welfare for the State of Illinois. The purpose of the study was to determine the factors concerned in the vocational adjustment of twenty post-institutionalized mental defectives, chosen on the basis of three criteria: 1) they must have been released from the institution at least a year, 2) the individual I. Q. must not be above 70 as measured by standardized intelligence tests, and 3) the person must not have been living with relatives or placed in a relative's home. Implications for improving institutional care and training, for follow-up services, and for education in general are drawn from results of the study.

MENTAL DEFECTIVES--MEDICAL TREATMENT

927. Albert, K.

Glutamic acid and mental deficiency, by K. Albert, P. Hoch, and H. Waelsch. J. Nervous and Mental Disease. Dec., 1951. 114:6:471-491. Reprint.

A second study of the effect of glutamic acid on mentally deficient children was made by the writers; 148 children referred to the project by the Bureau for Children with Retarded Mental Development of the New York City Board of Education, by the Institute for the Crippled and Disabled, and by private physicians were given a complete social history, psychologic and psychiatric evaluation. "The effect of the daily administration of 10 to 12 grams of L-glutamic acid on the mental performance of mentally defective school children (I. Q. range 22 to 60, Binet Form M) was studied with the aid of alternating glutamic acid and placebo periods. A highly significant change in I. Q. as a result of glutamic acid administration was found. . . . The study of the glutamic acid effect in individuals in the high I. Q. range proved difficult because of external reasons, and therefore the results obtained in this group were equivocal. The significance of the results is discussed."--Summary.

MENTAL DEFECTIVES--OCCUPATIONAL THERAPY

928. Dewing, Dorothy

Use of occupational therapy in the socialization of severely retarded children. Am. J. Mental Deficiency. July, 1952. 57:1:43-49.

A description of a program of educational and constructive activities designed to meet the psychological and developmental needs of severely retarded mental defectives with mongolism at Pacific Colony, Spadra, California. The primary aim of the therapy has been to provide a feeling of ease and enjoyment in the group. Several cases showing marked modification of behavior in the ten month period during which the program has been in effect are discussed briefly.

MENTAL DEFECTIVES--PARENT EDUCATION

929. Pennsylvania. Woods Schools, Child Research Clinic.

Helping parents understand the exceptional child. Langhorne, Pa., The Schools, 1952. 41 p.

Proceedings of the annual spring conference on education and the exceptional child... May, 1952.

Contents: Building understanding, Leon J. Obermayer. -Growth of social responsibility for the exceptional child, Katharine G. Ecob. -The psychology of the exceptional child, Seymour B. Sarason. -The emotional quandries of exceptional children, Leo Kanner. -The schools can help them, Arthur S. Hill.

Available from the Child Research Clinic, The Woods Schools, Langhorne, Pa.

See also 973,

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

930. Gunzburg, H. C.

Maladjustment as expressed in drawings by subnormal children. Am. J. Mental Deficiency. July, 1952. 57:1:9-23.

"An attempt has been made to demonstrate experimentally the significance of various features in the drawings executed by subnormal children. For this purpose sets of three drawings, consisting of House, Man, and Woman, were obtained from 80 boys and 80 girls, comparable in age grouping and intellectual efficiency. The comparison and statistical treatment of these drawings resulted in establishing means, standard deviations and frequencies for the two groups differentiated by sex... The rationale of these findings was discussed and it was pointed out that the experiment, besides demonstrating the clinical significance of certain deviations from the norms, indicated also the possibility of using this or a similar extended technique for screening purposes and for establishing of intra-group differences...."--Summary.

MENTAL DEFECTIVES--SPECIAL EDUCATION

931. Dinsmore, Mayme

Teaching specialized subjects to the mentally defective. Am. J. Mental Deficiency. July, 1952. 57:1:50-55.

This paper discusses the teaching of the specialized subjects of music, art, and physical education, and is limited to the most significant factors

MENTAL DEFECTIVES--SPECIAL EDUCATION (continued)

involved in such teaching. These particular subjects act as stabilizers more effectively than traditional classes, but they must have a definite function in the unit of experience and a related place in the classroom. Experiences that introduce life situations of value to the mentally defective are essential.

932. Tudyman, Al.

The administrative aspects of school services for the severely mentally retarded (mentally deficient) minor under California Education Code 9801.2. Am. J. Mental Deficiency. July, 1952. 57:1:38-42.

The writer discusses problems of an administrative nature which confront the public school planning to establish facilities for the mentally deficient. Excess costs of maintaining services, type of programs suited to the ability and needs of the mentally deficient child, individual help for the child, and teachers suitably trained in work with the deficient are but a few of the problems named. Mr. Tudyman, who is Director of Special Education for the Oakland Public Schools, feels that 9801.2 of the Education Code gives too broad a definition of the mentally deficient, between the trainable and the educable. The greatest hurdle to overcome is the financial aspect of administering such a program.

MENTAL DEFECTIVES--SPECIAL EDUCATION--ILLINOIS

933. Illinois. Board of Education, Chicago

Special education in the Chicago Public schools: the mentally handicapped. Chicago, The Board (1952). 74 p.

"... These pages set forth specific information, policies, and procedures for the guidance of administrators and supervisors, principals and teachers, medical and social agencies, and hold answers to many questions directed daily to the Department of Special Education."--Foreword.

This booklet deals with the purpose and philosophy of the Bureau of the Mentally Handicapped, its organization, instruction, and supervision. Policies of admission and transfer, and advice on counseling parents, are discussed. A list of centers for mentally handicapped children in the Chicago Public Schools is included.

Distributed by the Assistant Superintendent in Charge of Special Education, Chicago Board of Education, 228 N. La Salle St., Chicago 1, Illinois.

MENTAL DEFECTIVES--SPEECH CORRECTION

934. Karlin, Isaac W.

Speech and language problems of mentally deficient children, by Isaac W. Karlin and Millicent Strazzulla. J. Speech and Hearing Disorders. Sept., 1952. 17:3:286-294.

"... The mentally deficient child presents a delay in his developmental sequence. This is especially pronounced in spheres that are concerned with higher intellectual functions. There appears to be a definite relationship between the degree of mental deficiency and the establishment of handedness. Language defects in the mentally deficient children are more

MENTAL DEFECTIVES--SPEECH CORRECTION (continued)

striking than speech defects and the symptoms in some cases may resemble those seen in aphasia. The basic principle of speech therapy is not the attainment of 'perfect' speech, but the development of everyday-language needs."--Summary.

MULTIPLE SCLEROSIS--ETIOLOGY

935. Ehrentheil, Otto F.

Role of food allergy in multiple sclerosis, by Otto F. Ehrentheil, Maurice H. Schulman, and Leo Alexander. Neurology. Sept.-Oct., 1952. 2:5:412-426.

A group of 65 clinically proven cases of multiple sclerosis were tested for food allergies at the multiple sclerosis research clinic, Boston State Hospital, to determine how often food allergy occurs in these patients, which foods are most often involved, whether multiple sclerosis patients benefit when placed on a diet eliminating all reacting foods, and whether the re-introduction of such foods produces any reaction. Ophthalmic tests showed a high percentage of positive reactions to rye and wheat. Allergen-free diets brought about favorable therapeutic results in 31 per cent of the cases. In 12 cases temporary reintroduction of previously omitted foods resulted in temporary exacerbations of symptoms. Symptoms frequently associated with multiple sclerosis (constipation, headache, nausea, general fatigue, and urinary frequency) were often alleviated. An analysis of the dietary habits showed lack of calcium and iron in 50 per cent of cases, lack in fat in 24 per cent, lack of proteins in 31 per cent, and lack of carbohydrate in only 8.9 per cent.

MUSCULAR DYSTROPHY

936. Landau, William M.

The essential mechanism in myotonia; an electromyographic study. Neurology. Sept.-Oct., 1952. 2:5:369-387.

"The phenomena of myotonia have been investigated electromyographically in six patients with myotonia dystrophica. It is concluded that the essential pathophysiologic defect in the disease is the hyperirritable repetitively responding muscle fiber; that there is no significant abnormality of neuromuscular transmission. The after-spasm phenomenon is apparently a physiologic response of the nature of lengthening reaction in muscles stretched by persistent myotonic contraction in antagonists. There is no evidence that per se it is embarrassing to muscular movement.

"The effects of curare, calcium gluconate, prostigmine, DOCA, Corticone, adrenaline and quinine have been studied. The only drug which had a significant effect on the response to direct current myotonia is the last, which depressed it considerably.

"The relation of these studies to the basic metabolic disorder in myotonia has been discussed."--Summary.

NURSING--INSTITUTIONS

937. Ranck, Margaret

The health department and nursing homes, by Margaret Ranck and R. R. Cunningham, Public Health Reports. Sept., 1952. 67:9:829-834.

Through a Nursing-Home Act, passed by the Illinois state legislature in 1945, adequate provision for licensing and supervision of nursing homes

NURSING--INSTITUTIONS (continued)

in the state is provided. Minimum standards of sanitation, hygiene, diet, and number and type of personnel are required under the administration of the Act by the State Department of Public Health. Responsibilities of the various professions making up the Health Department "team" are delegated to the public health nurse, the sanitary engineer, nutritionist, dietician, and the Bureau of Hospitals. Through the rapid development of this type of service, interest was generated to form the state-wide Illinois Association of Nursing Homes whose purpose is the fostering of good standards of care in nursing homes and adherence to a code of ethics, the dissemination of information and the solution of problems common to the individual members of the organization. The writers urge standardization on a national scale and a broadly representative national committee to develop laws, ordinances, and desirable minimum standards.

OSTEITIS

938. Helfet, Arthur J.

Paget's disease; considerations in its diagnosis and treatment. S. African Med. J. Aug. 30, 1952. 26:35:703-706.

"A new conception of the mechanism of Paget's disease is presented. A triad of signs for the diagnosis of generalized osteoporosis of bone is described. It is suggested that Paget's disease should be treated by aluminium acetate and postural correction. The results of treatment are given."--Summary.

939. Moehlig, Robert C.

Osteitis deformans; familial constitutional heredity background as etiological factors. J. Michigan State Med. Soc. Aug., 1952. 51:8:1004-1007, 1027.

The writer reviews findings of other medical studies with those of his own concerning the relationship of carbohydrate metabolism and osteitis deformans. He believes that the etiology seems to suggest localized manifestations in the osseous system, and points out the high incidence of familial diabetes mellitus, tallness and obesity in this disease. The pituitary gland is suggested as playing a leading role in the constitutional hereditary background of the disease.

PARALYSIS--PHYSICAL THERAPY

940. Kabat, Herman

Studies on neuromuscular dysfunction: XV. The role of central facilitation in restoration of motor function in paralysis. Arch. Phys. Med. Sept., 1952. 33:9:521-533.

Practical facilitation techniques used in the treatment of paralysis include resistance, stretch, mass movement patterns, reflexes, and reversal of antagonists. For summation of facilitation, these techniques are combined. "... This new treatment program routinely applies mass movement patterns against resistance, and the old procedure of treatment of isolated muscles or isolated motions has largely been discarded. The usual routine of progressing gradually from passive motion, through assistive motion and free motion to resistance has also been eliminated "

PARENT EDUCATION

941. Boggs, Elizabeth M.

Relations of parent groups and professional persons in community situations. Am. J. Mental Deficiency. July, 1952. 57:1:109-115.

In choosing professional advisors, parent groups are urged to select men and women of high personal integrity, of unselfish interest, of large mindedness and vision, imagination and true humanity who are capable of being honest but not brutal. The competent and honest advisor can aid parents in distinguishing between well substantiated evidence and hypotheses still in the realm of conjecture. Parent education is one of the most important functions of parents' groups and they should be encouraged to act on their own behalf. Professional advice is often a necessity for initiating projects helpful to the mentally defective child.

PHYSICAL THERAPY

942. Hoberman, Morton

Therapeutic teaching; group work in physical therapy, by Morton Hoberman and Erbert F. Cicienia. Arch. Phys. Med. Sept., 1952. 33:9:539-548. Reprint.

"... Therapeutic teaching may be defined as that form of physical therapy administered within a group situation in conformance with accepted pedagogical principles and fundamental concepts of rehabilitation. The lack of detailed instructional material set forth in logical, coherent sequence has probably been the main factor in the retardation of the use of this method. One of the purposes of this paper is to furnish such detailed instruction. . . . Planning is essential if therapeutic teaching programs are to function in accord with sound physiological and psychological principles. This entails the use of a rehabilitation syllabus (long term program) and daily treatment plans (immediate programs). . . ." The syllabus offered here represents the physical experiences the severely disabled will meet in daily living. Experiences range from mat exercises to ambulation and functional retraining with wheelchair, braces and crutches. Functional activities are based on the "104 Daily Activity Test" listed by Deaver and Brown.

PHYSICAL THERAPY--PERSONNEL

943. U. S. Women's Bureau

The outlook for women as physical therapists. Washington, D. C., Govt. Print. Off., 1952. 51 p. illus. (Bul. Women's Bur. no. 203-1, rev. Medical services series.)

"The present bulletin is planned for the use of the deans of women in colleges and universities, vocational counselors in high schools, and other persons in a position to advise girls and women as to the choice of a profession. It covers the situation preceding the outbreak of war in Korea, including all pertinent historical facts from the previous report (Bulletin 203-1), and the defense period outlook for women in one of the occupations in the field of medical services, in which women in 1951 composed at least 85 per cent of the workers. Although over 1,000 books, articles, or pamphlets have been culled for information, the principal information for this series has been obtained from professional organizations, public and voluntary agencies, schools of medicine, and individuals. . . ."-- Foreword.

PHYSICAL THERAPY--PERSONNEL (continued)

The booklet discusses areas of employment, training, demand for physical therapists, earnings, hours, advancement, organizations, and historical data. In the Appendix, requirements for entrance in a school of physical therapy, for registration by the American Registry of Physical Therapists for active membership in the American Physical Therapy Association, for civil service positions, and service in the military services are given. Extensive bibliography.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

POLIOMYELITIS

944. American Journal of Physical Medicine. Aug., 1952. 31:4:205-345.

Entire issue devoted to articles on the subject.

Contents: Preface, H. D. Bouman. -Some recent advances in poliomyelitis research, Robert Ward. -Diagnosis of poliomyelitis, Winona G. Campbell. -Differential diagnosis of poliomyelitis, Gordon Meiklejohn. -Alterations of respiratory function in poliomyelitis, J. L. Whittenberger and B. G. Ferris. -Pulmonary function tests of aid in poliomyelitis, Leighton L. Anderson. -Bulbar respiratory poliomyelitis. Definite diagnosis and management of specific types with special reference to the use of the respirators, James L. Wilson. -The chronic pulmonary invalid after poliomyelitis, James J. Waring. -Medical treatment in poliomyelitis, Stanley Levin. -Orthopedic management, including bracing, in poliomyelitis, Atha Thomas. -Some psychological factors observed in poliomyelitis patients, L. McCarty Fairchild. -Physical medicine and rehabilitation in poliomyelitis, Harold Dinken. -Reconstructive surgery in poliomyelitis, James S. Miles. -Epidemiology of poliomyelitis, Gertrude Weiss. -Poliomyelitis: a problem for the community and its health department, John A. Lichty and Charles H. Dowding. -The program of the National Foundation for Infantile Paralysis, Hart E. Van Riper. -Pain and spasm in poliomyelitis: a symposium, Winona G. Campbell, Harold Dinken, Jerome W. Gersten, Irvin E. Hendryson, Stanley Levin, Karl Neuberger, G. Milton Shy, James J. Waring, and Richard Whitehead.

945. National Foundation for Infantile Paralysis

Poliomyelitis; a source book of facts about the disease and current efforts to combat it on a national scale, prepared by the staff of... and Federal Security Agency... June, 1951. New York, The Foundation (1952). 68 p.

"This Source Book has been prepared to provide general background information on what is being done in America today about Poliomyelitis. Since it is a first attempt to bring together in one place descriptions of all aspects of an exceedingly complex group of activities ranging from basic medical research to social service in this field, it cannot be regarded as the final word on the subject of poliomyelitis. For this reason it is intended primarily for use within and under the control of the sponsoring agencies and not for public distribution use.

POLIOMYELITIS (continued)

"While there have been interesting new scientific developments since the preparation of this book in 1951, knowledge of their ultimate effect on the poliomyelitis problem is not yet available. Organizational patterns and the medical and social facts of the disease have not changed substantially and probably will not do so for the next several years...."

Beginning with a chapter on the history of the disease, the Source Book also covers symptoms, diagnosis and treatment, epidemic aid, agencies participating in aftercare programs, recommended practices for control, activities of state and local health departments, research program of the Public Health Service, health education and public information, and planning for care during epidemics.

Available from the U. S. Public Health Service, Washington 25, D. C.

POLIOMYELITIS--EQUIPMENT

946. Wallace, Robert B.

Functional shoulder and upper extremity brace-apparatus. Arch. Physical Med. Sept., 1952. 33:9:553-555.

Specifications and uses of a brace apparatus developed to provide support in the most advantageous position, with gravity eliminated as much as possible, are given. It is so designed that active and passive motion in all directions can be obtained with the least possible muscular effort. "... It is possible that the brace apparatus can be used with beneficial results in a large group of shoulder disabilities where the residual disability, regardless of original etiology, is so often caused or aggravated by the gravity...."

POLIOMYELITIS--MEDICAL TREATMENT

947. Mitchell, G. P.

Deforming factors in the early stage of poliomyelitis. Lancet. Sept. 6, 1952. 263:6732:451-454.

"Deforming factors appearing in the early stage of poliomyelitis are defined as; (1) limitation of straight leg raising; (2) limitation of shoulder abduction; and (3) muscle resistance to stretch.

"Clinical observations are reported which suggest that pain is the main cause of the onset of deforming tendencies in the early stage. Resistance to stretch is guarding in nature. Incoordination and emotional over-activity or tension in a muscle may play a part in the production of the more severe deformities."--Summary.

948. Raisman, Victor

Orthopedic treatment of acute and subacute poliomyelitis with curare and stretching. N. Y. State J. Med. May 1, 1952. 52:9:1147-1149. Reprint.

"The orthopedic treatment of acute and subacute poliomyelitis by stretching with the aid of curare has been outlined with a brief description of the technic of administration. Early ambulation, although not stressed in the paper, is an important part of the treatment.

"Several case reports are presented to demonstrate that with this method casts and braces are unnecessary. If complete relaxation can be obtained and if it is maintained following discharge from the hospital,

POLIOMYELITIS--MEDICAL TREATMENT (continued)

deformities do not develop. It is most important for the patient to appreciate the necessity of continuing the stretching for a long time after the acute phase has ended."--Summary.

949. Zellweger, Hans U.

Prognosis of palsies from cranial nerve involvement in poliomyelitis, by Hans U. Zellweger and E. Gabathuler. Pediatrics. Aug., 1952. 10:2:127-130.

"Seven-hundred thirteen cases of poliomyelitis with spinal paralysis, encephalitic or bulbar symptoms are reviewed. The mortality rate in bulbar cases was four times that in spinal cases, whereas early recovery after bulbar symptoms was twice that of spinal paralysis.

"A follow-up study of 59 patients with 69 palsies from cranial nerve injury, performed from 2 to 18 years after the acute stage, showed that 39 patients with 48 palsies were cured; 18 patients had together 19 palsies of minor degree. Two patients, one with involvement of the sixth and one with involvement of the seventh cranial nerve had more severe sequelae. None of the palsies affected the life of the patient.

"Thus if patients with cranial nerve involvement stay alive the late prognosis is much better; the majority of the palsies disappear, the remaining ones have no crippling effect for the patient."--Summary.

Cases studied were from the Children's Hospital, Zurich, Switzerland, during the years 1932-1948.

POLIOMYELITIS--PHYSICAL THERAPY

950. Schram, Duane A.

Resistive exercises in the treatment of poliomyelitis. Arch. Phys. Med. Sept., 1952. 33:9:549-552.

"A concept has been presented that suggests three principal phases in an exercise program in post-acute poliomyelitis. Progressive Resistance Exercises are an integral part of this program with a minor emphasis on the early and final periods, and primarily emphasis on the intervening phase."--Conclusion. For the performance of specific useful acts, all groups of muscles utilized in functional exercise are called into play; for this part of the program, the patient will probably need braces and support for protection and stabilization as well as assistance in function. Some special apparatus is briefly described and illustrated.

PSYCHOLOGICAL TESTS

951. Berman, Abraham B.

Human figure drawings as a projective technique, by Abraham B. Berman, Alexander A. Klein, and Abbott Lippman. J. General Psych. 1951. 45:57-70.

Human figure drawings, utilized as a projective technique by psychologists at the Rehabilitation Clinic, Jewish Hospital, Brooklyn are analyzed and interpreted. The method of applying the test to patients is presented, with differential factors of the drawings and the significance of each factor indicated. Findings of the psychiatrist from interview techniques are compared with those obtained by the psychologist from the patient's human figure drawing. The Rehabilitation Clinic was organized to meet the needs

PSYCHOLOGICAL TESTS (continued)

of men discharged or rejected from military service because of neuropsychiatric disorders which possibly could be corrected through clinic care.

PSYCHOLOGY

952. Special Education Review. Feb., Apr., 1952. 9:1 & 2.

Special psychology issue.

Contents: How well do we teachers know our school psychologist?, Franklin Titus. -Psychological services for exceptional children, Carl C. Lozito. -Pseudo-retardation in the classroom, Elsie E. Sternberg. -The gifted child: a challenge to education, May Weber. -A situational influence on teachers' estimates of pupils' intelligence and achievement, Dorit Whiteman.

READING

953. Betts, Emmett Albert

Factors in reading disabilities. Education. May, 1952. Reprint.

"Reading difficulties may be classified as two major types: language and experience deficits. The first type is easily identified; the second often remains unidentified. At present, there is enough research available on both types of disabilities to provide a sound basis for prevention. Reading disabilities vary in both degree and complexity. Hence, no one cause can be assigned to all disability cases."--Summary.

Causes of a low reading rate are given as: inappropriate instruction, inadequate instructional material, the relationships of language and concept development, emotional problems and their effect on reading ability, motivation and excessive class enrollment. Visual inefficiency, impaired hearing, and low vitality all contribute to a lack of readiness for learning.

RECREATION

954. Pennsylvania. Pennsylvania Society for Crippled Children and Adults.

Games and action stories for the physically handicapped child, compiled by Jeanne E. Feeley. Harrisburg, Penn., The Society (1952). 33 p. Mimeo.

From: 1. Bancroft's Book on Games. 2. Elementary Physical Education, by Nelson & Van Hazen.

A collection of games and stories appealing to the imagination and calling for action on the part of the children who participate. These are chosen for their use with physically handicapped children, many of them requiring limited action.

Available from the Pennsylvania Society for Crippled Children and Adults, 1107 N. Front St., Harrisburg, Penn., at 25¢ a copy.

See 974.

REHABILITATION

955. Schlesinger, Edward B.

Observations on the rehabilitation of the neurologically handicapped.

Bul. New York Academy of Medicine. April, 1952. 28:4:229-234. Reprint.

The author while a firm believer in the value of rehabilitation stresses

REHABILITATION (continued)

the danger inherent in patients being led to expect too much. Many examples of stress breakdown seen in the neurologically handicapped are due to over-emphasizing the spiritual aspects of rehabilitation without due regard to maximum obtainable efficiency under the pathological conditions. Medical science must protect the physical conditions of the body from misguided zeal and disillusionment of the patient. Such neurological handicaps impose added burdens on the circulatory system, the heart, and muscles; weight-bearing by the shoulders and arms often brings on added handicaps, such as paralysis from the use of crutches or atrophy of muscles. Sufficient crutch training for good self care, the importance of exercise to keep in condition and avoid complications, and vocational pursuits to occupy time and mind are recommended rather than undue emphasis on unrealistic goals.

REHABILITATION--GREAT BRITAIN

See 975.

RHEUMATIC FEVER--MEDICAL TREATMENT

956. Bach, Francis

Rheumatic fever; some observations on ACTH, cortisone, and salicylate therapy, by Francis Bach, A. Freedman, and L. Bernstock. Brit. Med. J. Sept. 13, 1952. 4784:582-587.

"Four children severely ill with rheumatic fever and pericarditis showed a prompt improvement when treated with cortisone. The duration of the treatment varied from 44 to 120 days. With reduction of dosage the signs and symptoms of rheumatic activity recurred. . . . In all of these cases, some clinical features of adrenocortical excess were observed. . . . Four patients were treated with high dosage of salicylates, and clinical and biochemical changes, similar to those in the hormone-treated cases, were noted. . . . It was concluded that it was justifiable to hold as a working hypothesis that salicylates exert their pharmacological activity by engendering adrenocortical excess. When salicylate, A.C.T.H., and cortisone are administered, rheumatic activity is suppressed. The criteria of dosage and of duration of treatment are the same when any of these substances is used."--Summary.

This same issue has: "Dynamics of heart failure," by John McMichael, p. 578-582.

957. Franklin, Max S.

Present day treatment of acute rheumatic fever. J. Missouri State Med. Assn. Oct., 1952. 49:10:834-836.

The part of diet, bed rest, and medication in the treatment of rheumatic fever is reviewed, with a discussion on the relative merits of salicylates, hormone therapy, ACTH and cortisone. Also described is the prophylaxis against recurring attacks.

"Presented before the Buchanan County Medical Society, St. Joseph, February 6, 1952, as a part of the Cardiovascular Program of the St. Louis University School of Medicine in cooperation with the U. S. Public Health Service, the Missouri Division of Health and the Missouri State Medical Association."

SCHOOL HYGIENE

958. Wishik, Samuel M.

School health trends as they affect the nurse. Public Health Nursing. Sept., 1952. 44:9:488-492.

Four aspects of school health and their implication for public health nursing were chosen for discussion in this article: 1) communicable disease and attendance control, 2) the health examination, 3) special education, and 4) follow-up for health improvement. The part devoted to special education points to the trend of moving the handicapped child toward a normal setting in school in so far as possible while placing him in the specialized setting his handicap demands. The public health nurse should work with other professional disciplines to achieve total rehabilitation of handicapped children.

"This article is a condensation of the paper the author presented at a meeting of the NOPHN School Nursing Section in Atlantic City, June 19, 1952."

SOCIAL SERVICE--FINANCE

959. Community Chests and Councils of America

Expenditures for community health and welfare, 1950. New York, The Councils (1952). 9 p. charts, tabs. (Bulletin 167).

Statistical data on the financing of health and welfare services for 1950 as reported by 18 areas are summarized in this report. Detailed data for each city in the study are available from Community Chests and Councils in a separate bulletin as are details of methods used in the study. Per capita figures are used to facilitate analysis of expenditure data which otherwise would be difficult to understand. Reporting agencies received funds from three major sources: public funds, contributions, and direct payments from persons receiving services. Comparisons are made with expenditures for 1948 and for the ten year period, 1940 to 1950.

Available from Community Chests and Councils of America, 155 E. 44th St., New York 17, N. Y., at 40¢ a copy.

SOCIAL WELFARE

960. Grant Foundation

Modern philanthropy and human welfare; a round table. New York, The Foundation, c1952. 39 p.

Free philanthropic enterprise which influenced the course of modern health and welfare during the early decades of the century has come up for reevaluation in this round table discussion arranged by the Grant Foundation and held in New York, February 14, 1952. "... These proceedings are being published in the hope they will contribute to the exploration of new efforts to prevent and control the community-wide consequences of dependency, maladjustment and ill-health." Participants were Bradley Buell, Executive Director, Community Research Associates, Inc.; Harry O. Page, Deputy Commissioner, New York State Department of Social Welfare; Paul T. Beisser, Family and Children's Consultant; Roscoe P. Kandle, M. D., Field Director, The American Public Health Association; Carl E. Buck, Dr. P. H., Professor of Public Health Practice, University of Michigan, and C-E. A. Winslow, Dr. P. H., Professor of Public Health, Emeritus, Yale University, commentator.

Distributed by the Grant Foundation, 1441 Broadway, New York, N. Y.

SPECIAL EDUCATION--ARIZONA

961. Newton, Lydia H.

The child who is different. NEA J. Sept., 1952. 41:6:356-357.

With less than 25 per cent of the population living in the two major cities of Arizona, the state faces a problem in bringing help to the exceptional children in rural areas. At first financed by private agencies such as the Arizona Society for Crippled Children and Adults, Arizona as a state has assumed certain of the responsibilities connected with the program. The department of public health has taken over the hearing conservation program; teaching service for homebound children is now under the direction of the department of public instruction, and several local community public school systems have employed psychologists and speech correctionists. Arizona demonstrates what can be accomplished through private and public agency cooperation.

SPEECH

962. American Speech and Hearing Association

Speech development in the young child. J. Speech and Hearing Disorders. Sept., 1952. 17:3:263-285.

Contents: 1. The autism theory of speech development and some clinical applications, by O. H. Mowrer. 2. Some factors related to the speech development of the infant and young child, Orvis C. Irwin. 3. The development of certain language skills in children, Mildred C. Templin.

Three papers from a symposium presented at the 1951 Annual Convention of The American Speech and Hearing Association.

SPEECH CORRECTION

See 976.

SPEECH CORRECTION--ILLINOIS

963. Illinois. Department of Public Instruction

The Illinois plan for special education of exceptional children; the speech defective. Rev. (Springfield, The Dept., 1952). 59.p. (Circular ser. "E", no. 12. Revised 1952).

A revision of a pamphlet issued in 1947, bringing up to date the information on legislation for the exceptional child (in this case, the speech defective), how the plan operates through local school districts, how to organize and establish a speech correction program, and standards for speech correctionists, facilities and equipment. The speech correctionists locate and test speech defective children and apportion their time according to the needs of individual pupils. Recommendations are made for size of the weekly case load, for recording and reporting services, for coordinating the program with the entire educational plan, and for initiating and maintaining home-school cooperation. An extensive bibliography of speech correction material and a list of facilities for speech handicapped children in the state conclude the pamphlet.

Issued by the Superintendent of Public Instruction, 401 Centennial Bldg., Springfield, Illinois.

STATE SOCIETIES--MISSOURI--HISTORY

964. Bul., Missouri Soc. for Crippled Children and Adults. Sept., 1952. 25:3.

STATE SOCIETIES--MISSOURI--HISTORY (continued)

Silver anniversary issue.

Contents: Many changes in Society's first quarter century, as recalled by Mrs. Frederick B. Hall. -Two directors tell history--service to children marks growth of 25-year old St. Louis Society, by Mildred Smith and John Kniest.

STUTTERING

965. Glasner, Philip J.

Stuttering; a prophylactic program for its control, by Phillip J. Glasner and Mary Frances Dahl. Am. J. Public Health. Sept., 1952. 42:9:1111-1115.

A discussion of the organized attempt to eliminate or reduce the incidence of stuttering in Anne Arundel County, Maryland. Through cooperation between the public health and education departments of the county, mothers of preschool children were contacted. Through the combined efforts of clinics, public health nurses, family doctors, pediatricians, and community organizations, referral and treatment have been made possible. It is their hope that early therapy will provide the means of combating stuttering and point the way for other similar programs.

966. Wischner, George J.

Anxiety-reduction as reinforcement in maladaptive behavior; evidence in sufferers' representations of the moment of difficulty. J. Abnormal and Soc. Psychology. April, 1952. 47:2:566-571. (Supplement)

"The present paper provides evidence concerning one hypothesis regarding the possible reinforcing mechanisms underlying the perpetuation of maladaptive behavior such as stuttering. The hypothesis assumes that a feared word arouses a state of expectancy (anxiety) and that completion of the stuttering act is accompanied by reduction of the anxiety-tension evoked by the stimulus word (danger signal) with consequent reinforcement of the stuttering behavior.

"Data were obtained from 33 stutterers who were given the following simple instructions; 'Draw whatever you think most adequately represents your behavior immediately before, during, and after a moment of stuttering!....' Both language and content in this simple technique illustrated a similar series of events which is in line with the hypothesis stated by the writer.

TUBERCULOSIS--MENTAL HYGIENE

See 977.

VOCATIONAL GUIDANCE

967. Barnette, W. Leslie

A report on disabled veterans who completed training. J. Soc. Psychology. Aug., 1952. 36:First half:35-44.

This paper is part of a larger study dealing with the effectiveness of pattern data for vocational and educational guidance purposes and concerns itself with the disabled veterans group (covered by the provisions of Public Law 16) who, two years after the last interview, are considered rehabilitated in that their training goals are fulfilled. All veterans

VOCATIONAL GUIDANCE (continued)

comprising the sample were advised and tested at the Vocational Service Center in New York City, an agency operated by the YMCA and the Veterans Administration. From follow-up questionnaire returns, it was learned that of 890 veterans counseled, approximately 9 per cent had completed the training program about which they were advised. The present study finds a significantly higher group of the disabled completing training than did earlier ones.

WALKING

968. Mendler, Helen M.

Gait training for the above-the-knee amputee, by Helen M. Mendler, James A. Shafer, and Raoul C. Psaki. U. S. Armed Forces Med. J. Sept., 1952. 3:9:1329-1335. Reprint.

"The training program for above-the-knee amputees includes stump care and balance and posture exercises. Specific exercises are prescribed to prevent contractures and limitation of motion and to increase the strength and function of the remaining normal parts. Proper balance is stressed in the gait-training program, which includes progressive procedures to achieve the mobilization required in full daily living. Coordination of the entire training program is controlled in weekly amputee clinics held in the Physical Medicine Service."

The authors of this article are in the Physical Medicine Service, Letterman Army Hospital, San Francisco, California.

NEW BOOKS BRIEFLY NOTED

CHILDREN'S HOSPITALS

969. Zindwer, Renee

Of little patients. Richmond, Va., John Knox Press, c1952. n.p. illus. \$1.95.

This little book consists of a series of crayon drawings of young children who were patients of the author. Opposite each drawing is a brief anecdote about the child. The pictures and stories reveal Dr. Zindwer's love and understanding of her child patients.

DEAF-BLIND--FICTION

970. Des Cars, Guy

The brute, by Guy des Cars; translated by Michael Luke. New York, Greenberg, Publisher, c1952. 250 p. \$3.00.

In this mystery story of a blind deaf mute on trial for the seemingly inexplicable murder of a man he apparently did not know, his life story unfolds through the testimony of witnesses. From a childhood of darkness and silence where he was rejected by his family, he emerges as an adult of great intelligence, ability and sensitivity. How he was trained, through the efforts of the Brothers of Saint-Gabriel and the care and companionship of the daughter of his mother's maid, will be of interest to the lay reader.

GIFTED CHILDREN

971. Hildreth, Gertrude Howell

Educating gifted children at Hunter College Elementary School, by Gertrude Howell Hildreth in collaboration with Florence N. Braumbaugh and Frank T. Wilson. New York, Harper & Bros., c1952. 272 p. \$3.50.

GIFTED CHILDREN (continued)

A significant trend in special education is demonstrated by the elementary school for gifted children set up by Hunter College. From the description of the organization, goals and curriculum of the school, the teacher interested in this type of instruction may gain much insight. Teaching methods, instructional resources, the parents' role as co-workers with the school, guidance and adjustment problems of gifted children, and qualifications necessary in the teacher of the gifted are discussed. The policy of establishing special schools and classes for the gifted is presented with its advantages and the arguments against such segregation. The author is Assistant Professor of Education at Brooklyn College and was formerly on the staff of the Lincoln School, Teachers College, Columbia University.

HEARING

972. Meyer, Max F.

How we hear; how tones make music. Boston, Charles T. Branford Co., c1950. 117 p. diag. \$2.50.

Summing up fifty years of original teaching and writing, the writer, who is a pioneer in the field of psychological acoustics, presents the theory of hearing with emphasis on the mechanical functions of the cochlea. Designed for the layman, it offers charts which clarify the physical and psychological principles of the text. Both the listener and musician will be interested in the discussions of the ear and how it is able to detect various tones at the same time, deafness, frozen melodies, pitch changes, new methods of writing music and views of music past and present. The functions of the brain and the neurological aspects of audition are not discussed. The last chapters of the book give a summary description of the real basis of a psychologically correct theory of music.

MENTAL DEFECTIVES--PARENT EDUCATION

973. Levinson, Abraham

The mentally retarded child, by Abraham Levinson; introduction by Pearl S. Buck. New York, John Day Co., c1952. 190 p. illus. \$2.75.

Written by a noted pediatrician for the parents of the retarded child, this book presents in popular language medical facts which parents need to know to understand their child and his condition. To help the child who is retarded, themselves, and normal brothers and sisters, he stresses what can be done at home and how they can aid the doctor and psychologist in determining a program of constructive value. Chapters are devoted to the education, vocational training and guidance of the mentally retarded. Appended is a list of selected readings and a list of private and state schools for retarded children.

RECREATION

974. The Athletic Institute

Recreation for community living; guiding principles, by participants in National Recreation Workshop. Chicago, The Institute, c1952. 167 p. illus.

This book, the result of a ten-day National Workshop on Recreation held at Jackson's Mill, West Virginia, in May, 1952, represents a cross section of the field of recreation in America and gives guidance to the

RECREATION (continued)

individual in choosing his own recreation or, when acting as the agent for others, as an employer, religious leader, teacher planner, committee member, professional worker or volunteer. Part I is an orientation in the total field of recreation. In Part II guiding principles for various age groups, for citizens in responsible and varied positions in the community who are responsible for initiating or furthering recreational programs, and for government agencies and social institutions are given. The concluding section discusses problems of planning for recreation--leadership, finance, program planning, and facilities.

Available from the Athletic Institute, 209 S. State St., Chicago, at \$1.25. Paperbound.

REHABILITATION--GREAT BRITAIN

975. South Africa. National Council for Social Research.

Report on the rehabilitation of disabled adult persons in Great Britain, by C. W. Wright. Pretoria, Department of Education, Arts and Sciences, 1951. 127 p. (Overseas Travel Grants, Report no. 1) Mimeo.

Discussed at some length are the provision of medical and industrial rehabilitation measures, the aims and objects of the Disabled Persons Act of 1944 as regards vocational training, the problems of sheltered employment and various types of employment open to the severely disabled. The rehabilitation of the tuberculous and general principles of their employment present the problem of providing sheltered work for those capable of working only short hours in the early stages of their recovery. The discussion of rehabilitation of epileptics is limited to a description of the general administration of an epileptic colony and criteria of eligibility for admission. Particular attention is given the specific rehabilitation of the adult blind, as opposed to their training and employment. The function of home teachers of the blind is discussed in some detail. Appendices contain an outline of a fitness centre program, registration record forms, and a list of jobs for which the blind can qualify. In the first two chapters of the report the writer surveys the developments in the Union of South Africa on behalf of the physically and mentally adult disabled and gives an account of the medical aspects of rehabilitation in the United Kingdom.

SPEECH CORRECTION

976. Raaf, Genevieve E.

Games and jingles for speech improvement. Milwaukee, Wis., The Author, c1952. 89 p. Mimeo.

"... The purpose of this book is to arrange a systematic set of games and jingles which can be used successfully in correcting speech defects...." Divided into four parts, it deals with the improvement of articulatory faults, games and jingles to aid the stutterer, the improvement of cleft-palate speech, and improvement of the speech of the cerebral palsied. A phonetic key is provided to interpret phonetic symbols used to indicate vowel sounds to be drilled in each of the jingles. A bibliography concludes the book, pp. 82-89.

Available from the author, Miss Genevieve Raaf, Assistant Supervisor, Speech Clinic, Marquette University, 625 N. 15th St., Milwaukee, Wisconsin, at \$2.50 a copy. Paperbound.

TUBERCULOSIS--MENTAL HYGIENE

977. Wilmer, Harry A.

This is your world; a book for the orientation of professional workers to the emotional problems of the chronically ill patient; tuberculosis and the individual. Springfield, Ill., Charles C. Thomas, c1952. 165 p. illus. (Publ. no. 140, Am. Lecture ser.)

"...Dr. Wilmer is an artist as well as a brilliant physician-psychiatrist and a thorough scholar in the field of basic biological sciences.... The main body of the book offers illustrative media and approaches for the trained professional worker to help his patients to an understanding of the dilemmas mobilized by their disease and sanatorium environment and the requisites of emotional adjustment...." Poems and drawings portray the patients' quandries. A chapter of recordings of the therapist's friendly and realistic talks to patient groups at various stages of convalescence, as well as 16 unfinished dialogues presenting emotional conflict situations between child and parent and which are to be used with adult patients providing solutions, are available to professional personnel wishing the added aid of the sound track. There is a "...brief and accurate review of the medical and psychiatric literature at the beginning of the book (which) will be instructive...." Dr. Wilmer's closing chapter is a discussion of the tenets and interrelationships of all levels of biological sciences. The book will be of interest to laymen, also, in helping them to understand the problems associated with the treatment of tuberculosis and the emotionally destructive components of the disease. In conclusion there is a selected, annotated bibliography.

